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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 010600005	(CITY OR TOWN BIL	LLERICA
APPLICATION FOR RENEWAL:	Annual	LICENSED	FOR 2013
	CLASS		YEAR
LICENSEE NAME: MASS. FOODS, O	CORP.		
ADDRESS 303 BOSTON RD.			
CITY/TOWN: BILLERICA	STATE: MA	ZIP CODE: 01	821
MANAGER: COPPINGER, TY PATRICK	PE OF LICENSE: Resta	urant CATEO	GORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR V	WEBSITE AND ENTER YOUR EMA	IL ADDRESS	
DESCRIPTION OF LICENSED PREM	ISES:		
ENTRANCE AND EXIT AT CORNER LOUNGE,MENS AND LADIES ROOM STORAGE AREA			
the licensee has complied wit 3. the premises are now open fo SIGNED BY Individual, Partner		n below)	es, and
DATE: TELEPHOI	NE NUMBER:		NTIFICATION NUMBER:
We the undersigned, attest that we are Acts of 2004, signed by the building in named license and (2) the certificate of 2010.	nspector and the head o	of the fire department	for the above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING By:	AUTHORITY
DATE:			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	:: 010600009		CHYC	OR TOWN	DILLERIC	A
APPLICATION FOR	R RENEWAL:	Annual		LICEN	SED FOR 20	013
		CLASS				YEAR
LICENSEE NAME:	J.T. INC					
DOING BUSINESS	A CENTER CAFE					
ADDRESS 432 BOS	TON RD					
CITY/TOWN: BILI	LERICA	STATE: MA	ZIP	CODE:	01821	
	RELLI, TYPI HONY	E OF LICENSE: Res	staurant	C	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
DESCRIPTION OF I	PLEASE ALSO VISIT OUR WEI LICENSED PREMIS!		MAIL ADDRI	ESS		
2. the license	wear under penalties of the dicense will be of the has complied with a ses are now open for the ses are now open for the dicense are	he same type for the all laws of the Comr	nonweal	th relating t		
SIGNED BY	Individual, Partner	or Authorized Corpo	orate Off	icer		
DATE:	TELEPHONE	E NUMBER:	(N			TION NUMBER: Security Number)
Acts of 2004, signed	d, attest that we are in the building insp (2) the certificate of l	pector and the head	d of the f	ïre depart	ment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expla	in)		LOCA By:	AL LICENS	SING AUTH	ORITY
DATE:						



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LICENSE NUMBER	:010600011		CITY OR T	ΓOWN	BILLERIC	CA
APPLICATION FOR	RENEWAL:	Annual		LICEN	SED FOR 2	013
		CLASS				YEAR
LICENSEE NAME:	99 RESTAURAN	TS OF BOSTON I	LC			
DOING BUSINESS A	A 99 RESTAURA	NT & PUB				
ADDRESS 672 BOS	TON RD.					
CITY/TOWN: BILL	LERICA	STATE: M	A ZIP CC	DE:	01821	
MANAGER: SWY	MER, PAUL TY	PE OF LICENSE:	Restaurant	C	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
F	PLEASE ALSO VISIT OUR V	WEBSITE AND ENTER YOU	R EMAIL ADDRESS			
DESCRIPTION OF I						
ENTRANCE AND E		RD. SINGLE STO	ORY FRAME A	AND BI	RICK REST	AURANT
I hereby certify and sv	wear under penaltie	es of perjury that:				
1. the renewe	ed license will be of	f the same type for	the same premis	ses now	licensed;	
	-	th all laws of the Co		elating t	o taxes; and	
3. the premis	es are now open fo	r business (If not ex	(plain below)			
SIGNED BY	Individual, Partne	er or Authorized Co	rporate Officer			
			-			
DATE:	TELEPHON	NE NUMBER:	EM	IPLOYEI	R IDENTIFICA	TION NUMBER:
	TEEEI IIO	AL IVOIVIDER.	(Note:	NOT Inc	dividual Social S	Security Number)
We the undersigned	Lattest that we are	o in nossossion (1)	the cortificate	roquir	od by Chant	tor 304 of the
Acts of 2004, signed						
named license and (of 2010.	2) the certificate of	of liquor liability in	isurance requi	red by	Chapter 11	6 of the Acts
Please Check Below:			LOCALI	JCEN9	SING AUTH	ORITY
APPROVED:			By:	STOLL W	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
DISAPPROVED:			·			
(If disapproved explain	in)		-			
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBI	ER: 010600012		CITY OR TOWN	BILLERIC	A
APPLICATION FO	OR RENEWAL:	Annual	LICEN	ISED FOR 20	013
		CLASS			YEAR
		INC. Y TIGER RESTAUR	ANT		
CITY/TOWN: BI	ILLERICA	STATE: MA	ZIP CODE:	01821	
	OUFAS, TONISIOS	YPE OF LICENSE:	Restaurant C	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS	S:]
	PLEASE ALSO VISIT OUI	R WEBSITE AND ENTER YOU	R EMAIL ADDRESS		_
	F LICENSED PREM				
			IT,MAP 80 PARCEL	45	
 the rene the licer 	nsee has complied w	of the same type for t	he same premises now mmonwealth relating t plain below)		
SIGNED BY	Individual, Parti	ner or Authorized Con	porate Officer		
DATE:	TELEPH(ONE NUMBER:			CION NUMBER:
Acts of 2004, sign	ned by the building	inspector and the ho	the certificate required of the fire depart surance required by	ment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved exp	plain)		LOCAL LICENS By:	SING AUTH	ORITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 010600014		CITY OR TOWN	BILLERICA	A
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 20	13
	CLASS		,	YEAR
LICENSEE NAME: The Pongal, LLC				
DOING BUSINESS A The Pongal Restaur	ant			
ADDRESS 786 BOSTON RD.				
CITY/TOWN: BILLERICA	STATE: MA	ZIP CODE:	01821	
MANAGER: PATHAK, FALGUNTYPE	OF LICENSE: Rest	aurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
DESCRIPTION OF LICENSED PREMISE ONE FLOOR, DINING ROOM, SMALL B. I hereby certify and swear under penalties o 1. the renewed license will be of the 2. the licensee has complied with a 3. the premises are now open for bu	AR AREA, KITCHE f perjury that: e same type for the s ll laws of the Communities (If not explain	EN AND STORAC same premises now onwealth relating to n below)	licensed;	
DATE: TELEPHONE	NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind	LIDENTIFICATI	
We the undersigned, attest that we are in Acts of 2004, signed by the building insponamed license and (2) the certificate of li of 2010.	ector and the head	of the fire departi	nent for the	above
Please Check Below:				
APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHO	DRITY



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LICENSE NUMBER	L: 010600015		CITY OR TOV	NN BILLERIC	CA
APPLICATION FOR	R RENEWAL:	Annual	LIC	CENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME:	JADE PACIFIC	CINC.			
DOING BUSINESS	A JADE PACIFI	C RESTAURANT			
ADDRESS 770 BOS	TON RD.				
CITY/TOWN: BILL	LERICA	STATE: MA	ZIP CODE	01821	
MANAGER: CHIN	N, JAY Y. T. T	ΓΥΡΕ OF LICENSE: R	estaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
:	PLEASE ALSO VISIT OU	R WEBSITE AND ENTER YOUR	EMAIL ADDRESS		_
DESCRIPTION OF I					
FIRST FLOOR KITO EXITS,BASEMENT		AND DINING ROOM EA	1,FRONT AND R	EAR	
I hereby certify and s	wear under penal	ties of perjury that:			
1. the renew	ed license will be	of the same type for th	ne same premises	now licensed;	
2. the license	ee has complied w	vith all laws of the Con	nmonwealth relati	ng to taxes; and	
3. the premis	ses are now open	for business (If not exp	plain below)		
SIGNED BY	Individual, Part	ner or Authorized Cor	porate Officer		
DATE:	TELEPHO	ONE NUMBER:	EMPLO	OYER IDENTIFICAT	ΓΙΟΝ NUMBER:
			(Note: NO)		Security Number)
Acts of 2004, signed	by the building	are in possession (1) t inspector and the he e of liquor liability ins	ad of the fire dep	artment for the	above
Please Check Below:			LOCAL LIC	ENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED: [(If disapproved explain	in)				
(11 disappioved expla	<i>)</i>				
DATE:					
APPLICATION FOR RENEW	VAL MUST BE FILED B	BY LICENSEES DURING THE	MONTH OF NOVEMBE	ER (M.G.L. Ch. 138 \$ 1	6A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 01	.0600016		CITY OR TOV	VN DILLERIC	νA
APPLICATION FOR RI	ENEWAL:	Annual	LIC	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: E	MERALD ROSE, L.L.	C.			
DOING BUSINESS A	EMERALD ROSE				
ADDRESS 785 BOSTO	N RD.				
CITY/TOWN: BILLER	CICA S	STATE: MA	ZIP CODE	: 01821	
MANAGER: Oleson, O	Gary TYPE OF	F LICENSE: Res	staurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLEA	ASE ALSO VISIT OUR WEBSITE	AND ENTER YOUR E	MAIL ADDRESS		
DESCRIPTION OF LIC	ENSED PREMISES:				
5,514 SQ. FT. BLDG. W LOT TO THE REAR AN PLATE 99, PARCEL 39	ND SIDE OF THE BU				
I hereby certify and swea	ar under penalties of pe	erjury that:			
1. the renewed l	icense will be of the sa	ime type for the	same premises i	now licensed;	
2. the licensee h	as complied with all la	iws of the Comr	nonwealth relati	ng to taxes; and	
3. the premises a	are now open for busin	ess (If not explain	ain below)		
SIGNED BY	ndividual, Partner or A	uthorized Corpo	orate Officer		
DATE:	TELEPHONE NU	JMBER:		YER IDENTIFICAT	
We the undersigned, at Acts of 2004, signed by named license and (2) to f 2010.	the building inspecto	or and the head	d of the fire dep	artment for the	above
Please Check Below:			LOCAL LICI	ENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain)					
DATE.					
DATE:					



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LICENSE NUMBER: 0	10600017		Cľ	TY OR TOW	N BILLERIC	A
APPLICATION FOR R	ENEWAL:	Annu	al	LICE	ENSED FOR 20	013
		CLAS	SS			YEAR
LICENSEE NAME: N	EWTOWNE GR	ILLE OF BILI	LERICA L	LC		
DOING BUSINESS A	NEWTOWNE G	RILLE				
ADDRESS 838 BOSTO	ON RD.					
CITY/TOWN: BILLE	RICA	STATE:	MA	ZIP CODE:	01821	
MANAGER: TOULO MICHA	,	PE OF LICEN	SE:Restau	rant	CATEGORY:	All Alcohol
EMAIL ADDRESS:						
PLE	ASE ALSO VISIT OUR W	EBSITE AND ENTER	YOUR EMAIL	ADDRESS		_
DESCRIPTION OF LIC						
TWO STORY RESTAU EXITS	JRANT BLDG. I	ENTRANCE A	AT BOSTO	ON RD AND	THREE ADDIT	ΓΙΟΝΑL
I hereby certify and swe	ar under penalties	of perjury tha	t:			
1. the renewed	license will be of	the same type	for the san	ne premises no	ow licensed;	
2. the licensee h	has complied with	all laws of the	Common	wealth relating	g to taxes; and	
3. the premises	are now open for	business (If no	ot explain l	pelow)		
SIGNED BY						
Iı	ndividual, Partner	or Authorized	Corporate	Officer		
DATE:	TELEPHON	E NUMBER:			YER IDENTIFICAT	
				(Note. <u>1401</u>	Individual Social S	security Number)
We the undersigned, a Acts of 2004, signed by named license and (2) of 2010.	y the building ins	spector and th	e head of	the fire depa	rtment for the	above
Please Check Below:			I	OCAL LICE	NSING AUTH	ORITY
APPROVED:			E	By:		
DISAPPROVED:						
(If disapproved explain)			_			
			-			
DATE:			-			



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ON PREMISES LICENSE RENEWAL APPLICATION

	,	CITY OR TOWN B	ILLERICA
APPLICATION FOR RENEWAL:	Annual	LICENSE	D FOR 2013
	CLASS		YEAR
LICENSEE NAME: WULOON MING IN	NC.		
DOING BUSINESS A WULOON MING	RESTAURANT		
ADDRESS 8 CHELMSFORD RD.			
CITY/TOWN: BILLERICA	STATE: MA	ZIP CODE:	01821
MANAGER: CHOW, SIU MING TYPE	E OF LICENSE: Rest	aurant CAT	EGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR WEB DESCRIPTION OF LICENSED PREMISE		AIL ADDRESS	
I hereby certify and swear under penalties of	of perjury that:		
1. the renewed license will be of th		same premises now lic	ensed;
2. the licensee has complied with a	ll laws of the Comm	onwealth relating to ta	axes; and
3. the premises are now open for b	usiness (If not explai	in below)	
SIGNED BY Individual, Partner of	or Authorized Corpor	rate Officer	
DATE: TELEPHONE	NUMBER:		ENTIFICATION NUMBER: dual Social Security Number)
DATE: TELEPHONE We the undersigned, attest that we are in Acts of 2004, signed by the building insp named license and (2) the certificate of life of 2010.	n possession (1) the sector and the head	(Note: NOT Individual certificate required of the fire departme	by Chapter 304 of the nt for the above
We the undersigned, attest that we are in Acts of 2004, signed by the building insp named license and (2) the certificate of li of 2010. Please Check Below:	n possession (1) the sector and the head	(Note: NOT Individual certificate required of the fire departme	by Chapter 304 of the nt for the above apter 116 of the Acts
We the undersigned, attest that we are in Acts of 2004, signed by the building insp named license and (2) the certificate of li of 2010. Please Check Below: APPROVED:	n possession (1) the sector and the head	(Note: NOT Individual certificate required of the fire departme ance required by Ch	by Chapter 304 of the nt for the above apter 116 of the Acts
We the undersigned, attest that we are in Acts of 2004, signed by the building insp named license and (2) the certificate of li of 2010. Please Check Below: APPROVED: DISAPPROVED:	n possession (1) the sector and the head	(Note: NOT Individual certificate required of the fire departme ance required by Ch	by Chapter 304 of the nt for the above apter 116 of the Acts
We the undersigned, attest that we are in Acts of 2004, signed by the building insp named license and (2) the certificate of li of 2010. Please Check Below: APPROVED:	n possession (1) the sector and the head	(Note: NOT Individual certificate required of the fire departme ance required by Ch	by Chapter 304 of the nt for the above apter 116 of the Acts
We the undersigned, attest that we are in Acts of 2004, signed by the building insp named license and (2) the certificate of li of 2010. Please Check Below: APPROVED: DISAPPROVED:	n possession (1) the sector and the head	(Note: NOT Individual certificate required of the fire departme ance required by Ch	by Chapter 304 of the nt for the above apter 116 of the Acts



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 010600022		CITY OR TOWN BILLERICA
APPLICATION FOR RENEWAL	: Annual	LICENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: MINUTE M	IAN SPORTSMAN'S CLUB	INC.
DOING BUSINESS A MINUTEN	MAN SPORTSMAN'S CLUI	В
ADDRESS 00056R FRANCIS WY	YMAN RD.	
CITY/TOWN: BILLERICA	STATE: MA	ZIP CODE: 01803
MANAGER: HAWKES, H. ROBERT	TYPE OF LICENSE: Clu	b CATEGORY: All Alcohol
EMAIL ADDRESS:		
PLEASE ALSO VISI	T OUR WEBSITE AND ENTER YOUR EM	IAIL ADDRESS
DESCRIPTION OF LICENSED P		
ONE FLOOR AND CELLAR, MA KITCHEN,OFFICE,RESTROOM AND STORAGE		MEETING ROOM. OOM. CELLAR FOR RIFLE RANGE
I hereby certify and swear under pe	enalties of perjury that:	
1. the renewed license wil	l be of the same type for the	same premises now licensed;
•		nonwealth relating to taxes; and
3. the premises are now op	pen for business (If not expla	in below)
SIGNED BY Individual,	Partner or Authorized Corpo	rate Officer
DATE: TELE	PHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER:
		(Note: NOT Individual Social Security Number)
Acts of 2004, signed by the build	ling inspector and the head	e certificate required by Chapter 304 of the of the fire department for the above rance required by Chapter 116 of the Acts
Please Check Below:		LOCAL LICENSING AUTHORITY
APPROVED:		By:
DISAPPROVED: (If disapproved explain)		
(11 disappioved expiaiii)		
DATE:		



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 010600023		CITY OR TOWN	BILLERIC	A
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 20	013
	CLASS			YEAR
LICENSEE NAME: 99 RESTAURANT	S OF BOSTON, LLC			
DOING BUSINESS A NINETY-NINE F	RESTAURANT & PU	В		
ADDRESS 160 LEXINGTON RD.				
CITY/TOWN: BILLERICA	STATE: MA	ZIP CODE:	01821	
MANAGER: CHAU,KHING,D. TYP	PE OF LICENSE: Rest	aurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR WI DESCRIPTION OF LICENSED PREMIS	EBSITE AND ENTER YOUR EMA SES:	AIL ADDRESS		
I hereby certify and swear under penalties 1. the renewed license will be of 2. the licensee has complied with 3. the premises are now open for	the same type for the same laws of the Comme	onwealth relating to		
SIGNED BY Individual, Partner	or Authorized Corpor	ate Officer		
DATE: TELEPHON	E NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		TION NUMBER: ecurity Number)
We the undersigned, attest that we are Acts of 2004, signed by the building ins named license and (2) the certificate of of 2010.	spector and the head	of the fire departi	ment for the	above
Please Check Below: APPROVED: DISAPPROVED:		LOCAL LICENS By:	SING AUTHO	ORITY
(If disapproved explain)				



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LICENSE NUMBER: 010600025		CITY OR TOWN BILLERI	CA
APPLICATION FOR RENEWAL	: Annual	LICENSED FOR	2013
	CLASS		YEAR
LICENSEE NAME: MCKAY EN	NTERPRISES, INC.		
DOING BUSINESS A MICKEES	ON THE WATER		
ADDRESS 512 MIDDLESEX TR	NPK.		
CITY/TOWN: BILLERICA	STATE: MA	ZIP CODE: 01821	
MANAGER: McKAY, CATHERINE	TYPE OF LICENSE: Rest	aurant CATEGORY	: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISI	T OUR WEBSITE AND ENTER YOUR EM	AIL ADDRESS	
DESCRIPTION OF LICENSED P			
ONE STORY FRAME BLDG COROOMS IN CELLAR FOR STOR			EN TWO
I hereby certify and swear under pe	enalties of perjury that:		
1. the renewed license will	l be of the same type for the s	same premises now licensed;	
2. the licensee has complied	ed with all laws of the Comm	onwealth relating to taxes; and	d
3. the premises are now of	en for business (If not explain	in below)	
SIGNED BY			
Individual, I	Partner or Authorized Corpor	rate Officer	
D 4 777			
DATE: TELE	PHONE NUMBER:	EMPLOYER IDENTIFICA	
		(Note: NOT Individual Social	i Security Number)
We the undersigned, attest that Acts of 2004, signed by the build named license and (2) the certific of 2010.	ling inspector and the head	of the fire department for th	ne above
Please Check Below:		LOCAL LICENSING AUTI	HORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
		-	
DATE:			



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LICENSE NUM	BER: 010600026		CITY OR TOWN	N BILLERIC	A
APPLICATION	FOR RENEWAL:	Annual	LICE	NSED FOR 20)13
		CLASS			YEAR
DOING BUSINI		A IRISH-AMERICAN SOO	CIAL CLUB INC.		
CITY/TOWN:		STATE: MA	ZIP CODE:	01821	
MANAGER: N		TYPE OF LICENSE: C		CATEGORY:	All Alcohol
EMAIL ADDRE	ESS:				
		FOUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION	OF LICENSED PI	REMISES:			
ONE FLOOR, T KITCHEN	WO MAIN ROOM	AS WITH ACCESSORY I	FACILITIES AND	STORAGE AF	REA-
I hereby certify a	and swear under pe	nalties of perjury that:			
1. the re	newed license will	be of the same type for th	e same premises no	w licensed;	
	•	ed with all laws of the Com en for business (If not exp	_	to taxes; and	
SIGNED BY	Individual, F	Partner or Authorized Corp	oorate Officer		
DATE:	TELEI	PHONE NUMBER:		ER IDENTIFICAT	
Acts of 2004, si	gned by the build	we are in possession (1) the ing inspector and the heat cate of liquor liability ins	ad of the fire depar	rtment for the	above
Please Check Below APPROVED: [DISAPPROVED: (If disapproved e): [LOCAL LICEN By:	ISING AUTHO	ORITY
DATE:					
ADDITION FOR D	ENEWAL MUST BE FILE	ED BY LICENSEES DURING THE	MONTH OF NOVEMBER	(M.G.L. Ch. 138 \$ 16	5A)



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LICENSE NUMB	ER: 010600028		CITY OR TOWN BILLER	RICA
APPLICATION F	OR RENEWAL:	Annual	LICENSED FOR	2 2013
		CLASS		YEAR
LICENSEE NAM	E: COUNTRY (CLUB OF BILLERICA, IN	IC.	
DOING BUSINES	SS A			
ADDRESS 51 BA	LDWIN ROAD			
CITY/TOWN: B	ILLERICA	STATE: MA	ZIP CODE: 01821	
	OSSARELLI, NNIFER	TYPE OF LICENSE: Res	staurant CATEGOR	Y: All Alcohol
EMAIL ADDRES	S:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR EN	MAIL ADDRESS	
DESCRIPTION O				
			IING ROOM, RESTROOMS E AREA AND RESTROOMS	
		nalties of perjury that:		
1. the rene	ewed license will	be of the same type for the	same premises now licensed;	
2. the lice	nsee has complied	d with all laws of the Comm	nonwealth relating to taxes; ar	nd
3. the pres	mises are now ope	en for business (If not expla	nin below)	
SIGNED BY				
	Individual, P	artner or Authorized Corpo	orate Officer	
DATE:	TELEP	PHONE NUMBER:	EMPLOYER IDENTIFIC	
			(Note: NOT Individual Soci	ial Security Number)
Acts of 2004, sign	ned by the buildi	ng inspector and the head	e certificate required by Cha I of the fire department for t rance required by Chapter	the above
Please Check Below:	_		LOCAL LICENSING AUT	ΓHORITY
APPROVED:			By:	
DISAPPROVED:	mloim)			
(If disapproved ex	piaiii)			
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 010600029	CIT	Y OR TOWN BILLERI	(CA
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR	2013
	CLASS		YEAR
LICENSEE NAME: V.F.W. SOLOMON POST	`#8819 INC.		
DOING BUSINESS A			
ADDRESS 12 PHINNEY ST.			
CITY/TOWN: BILLERICA STA	ATE: MA	ZIP CODE: 01821	
MANAGER: VOGAN, KATHLEE TYPE OF L	ICENSE: Veterans	club CATEGORY	: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR WEBSITE AN	D ENTER YOUR EMAIL A	DDRESS	
DESCRIPTION OF LICENSED PREMISES:			
CLUB ROOM, FUNCTION ROOM, KITCHEN,	, STORAGE ROO	M, MENS AND LADIES	ROOMS.
			- -
I hereby certify and swear under penalties of perju	•		
1. the renewed license will be of the same	• •	-	
2. the licensee has complied with all laws		•	1
3. the premises are now open for busines	s (If not explain be	elow)	
SIGNED BY			
SIGNED BY Individual, Partner or Auth	norized Corporate	Officer	
DATE: TELEPHONE NUM	BER:	EMPLOYER IDENTIFICA	ATION NUMBER:
1221101,21,01,2		(Note: NOT Individual Socia	l Security Number)
We the undersigned, attest that we are in poss			•
Acts of 2004, signed by the building inspector named license and (2) the certificate of liquor of 2010.			
Please Check Below:	LC	OCAL LICENSING AUT	HORITY
APPROVED:	Ву	7:	
DISAPPROVED:			
(If disapproved explain)			
DATE:			



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LICENSE NUMB	ER: 010600032		CITY OR TOWN	BILLERIC	A
APPLICATION F	OR RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAMI	E: BILLERICA LOD	GE OF ELKS #2071	INC.		
DOING BUSINES	SS A				
ADDRESS 14 WE	EBB BROOK ROAD				
CITY/TOWN: BI	ILLERICA	STATE: MA	ZIP CODE:	01821	
MANAGER: CL C.	OTZ, ANDREW TY	PE OF LICENSE: Clu	b CA	ATEGORY:	All Alcohol
EMAIL ADDRESS	S:				
	PLEASE ALSO VISIT OUR W	VEBSITE AND ENTER YOUR EN	IAIL ADDRESS		_
DESCRIPTION O	F LICENSED PREMI	SES:			
	TH FUNCTION AND LE ROOM AND BAI				•
	d swear under penaltie				
•	ewed license will be of		same premises now	licensed;	
	nsee has complied with	* -	-		
	mises are now open for		· ·	,	
SIGNED BY					
	Individual, Partne	r or Authorized Corpo	rate Officer		
DATE:	TELEPHON	NE NUMBER:			TION NUMBER:
			(Note: NOT Ind	ividual Social S	Security Number)
Acts of 2004, sign	ned, attest that we are ned by the building in d (2) the certificate o	spector and the head	of the fire departi	ment for the	above
Please Check Below:			LOCAL LICENS	ING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:	.1.1.)				
(If disapproved exp	piain)		-		
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 010600034	+	CITY OR TOWN BILLERIC	A
APPLICATION FOR RENEWA	L: Annual	LICENSED FOR 2	013
	CLASS		YEAR
LICENSEE NAME: CHIM-NE DOING BUSINESS A WEST B			
ADDRESS 135 A NASHUA RO)AD		
CITY/TOWN: BILLERICA	STATE: MA	ZIP CODE: 01821	
MANAGER: MAO, HENG	TYPE OF LICENSE:Pa	ckage Store CATEGORY:	All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO V	ISIT OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION OF LICENSED			
ONE MAIN SHOW ROOM,ON	E STORAGE ROOM,BLOC	K BLDG	
I hereby certify and swear under	penalties of perjury that:		
	· -	e same premises now licensed;	
2. the licensee has comp	lied with all laws of the Com	monwealth relating to taxes; and	
3. the premises are now	open for business (If not expl	ain below)	
SIGNED BY			
Individual	, Partner or Authorized Corp	orate Officer	
DATE: TEL	EPHONE NUMBER:	EMPLOYER IDENTIFICAT	ΓΙΟΝ NUMBER:
		(Note: NOT Individual Social S	Security Number)
Please Check Below:		LOCAL LICENSING AUTH	ORITY
APPROVED: DISAPPROVED:		By:	
(If disapproved explain)			
(11 disapproved explain)			
DATE:			



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUM	MBER: 010600035		CITY OR TOWN	BILLERICA
APPLICATION	N FOR RENEWAL:	Annual	LICENSED FOR 2013	
		CLASS		YEAR
LICENSEE NA	AME: CVK CORPOR	ATION		
DOING BUSIN	NESS A BILLERICA I	LIQUORS		
ADDRESS 255	5 BOSTON RD			
CITY/TOWN:	BILLERICA	STATE: MA	ZIP CODE:	01821
MANAGER:	KANAVAS, VOULA	ΓΥΡΕ OF LICENSE: Pa	ckage Store CA	ATEGORY: All Alcohol
EMAIL ADDR	RESS:			
	PLEASE ALSO VISIT OU	R WEBSITE AND ENTER YOUR I	EMAIL ADDRESS	
DESCRIPTION	N OF LICENSED PRE	MISES:		
	OOR LEADING OUT	ER. HALLWAY TO 2 SIDE OF HALLWAY,		
I hereby certify	and swear under penal	ties of perjury that:		
1. the 1	renewed license will be	of the same type for the	e same premises now	licensed;
2. the 1	licensee has complied v	with all laws of the Com	monwealth relating to	taxes; and
3. the 1	premises are now open	for business (If not exp	lain below)	
SIGNED BY	T 11 1 1 D	A 4 1 1G	OSS	
	Individual, Part	tner or Authorized Corp	orate Officer	
DATE				
DATE:	TELEPH	ONE NUMBER:		IDENTIFICATION NUMBER: ividual Social Security Number)
			(11016. <u>1101</u> IIId	ividual Social Security (vullisel)
Please Check Belo	ow:		LOCAL LICENS	ING AUTHORITY
APPROVED:			By:	
DISAPPROVE				
(If disapproved	explain)			
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 010600037		CITY OR TOWN	DILLERICA	
APPLICATIO:	N FOR RENEWAL:	Annual	LICENS	SED FOR 2013	
		CLASS		YEAR	
DOING BUSI	AME: VAS INC NESS A AUGUSTA	LIQUORS			
	9 BOSTON RD	CT A TT . A CA	ZID CODE	01001	
CITY/TOWN:	BILLERICA	STATE: MA		01821	
MANAGER:	STRAZZERE, VINCENT A. JR.	TYPE OF LICENSE: P	ackage Store CA	ATEGORY: All Alcohol	
EMAIL ADDI	RESS:				
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTIO	N OF LICENSED PR	REMISES:			
ONE ROOM,	ENTRANCE AND E	XIT ON BOSTON RD			
3. the SIGNED BY		en for business (If not exp			
DATE:	TELEF	PHONE NUMBER:		IDENTIFICATION NUMBER: ividual Social Security Number)	
Please Check Belo APPROVED: DISAPPROVE			LOCAL LICENS By:	ING AUTHORITY	
(If disapproved					
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUM	MBER: 010600038		CITY OR TOWN	BILLERICA	A
APPLICATION	N FOR RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NA	ME: TOWNE LIQUO	RS OF BILLERICA, I	NC.		
DOING BUSIN	NESS A TOWNE WINE	& SPIRITS			
ADDRESS 700) BOSTON RD				
CITY/TOWN:	BILLERICA	STATE: MA	ZIP CODE:	01821	
MANAGER:	COSTOS, TY CHARLES E	PE OF LICENSE: Pac	kage Store CA	ATEGORY:	All Alcohol
EMAIL ADDR	ESS:	-			
	PLEASE ALSO VISIT OUR V	WEBSITE AND ENTER YOUR EN	IAIL ADDRESS		
	N OF LICENSED PREM	ISES:			
ONE FLOOR,		C			
-	and swear under penaltie renewed license will be o	=	same premises now	licensed:	
	licensee has complied wit	• •	-		
	premises are now open fo		_	o tarres, arre	
	-				
SIGNED BY					
	Individual, Partne	er or Authorized Corpo	rate Officer		
DATE:	TELEPHO	NE NUMBER:			ION NUMBER:
			(Note: NOT Ind	ividuai sociai se	ecurity Number)
Please Check Belo	<u>w:</u>		LOCAL LICENS	ING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVE (If disapproved					
(11 disappioved	Capiani)				
					_
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NU.	MBER: 010600039		CITY OR TOWN	DILLERICA	
APPLICATIO	N FOR RENEWAL:	Annual	LICENS	SED FOR 201	3
		CLASS		Y	EAR
DOING BUSI	AME: MALL LIQUOR NESS A LINCOLN LIQ 9 BOSTON ROAD				
	BILLERICA	STATE: MA	ZIP CODE:	01821	
					A 11 - A 1 1 1
MANAGER:	ARONOVITZ, T RICHARD	YPE OF LICENSE: Pac	ckage Store CA	ATEGORY: A	All Alcohol
EMAIL ADDI	RESS:				
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR EN	MAIL ADDRESS		
DESCRIPTION SEE ATTACH	N OF LICENSED PREM HED PLAN	IISES:			
	licensee has complied with premises are now open for Individual, Partners		ain below)	rtaxes, and	
DATE:	TELEPHO	ONE NUMBER:		IDENTIFICATIC	
Please Check Belo APPROVED: DISAPPROVI (If disapproved	ED:		LOCAL LICENS By:	ING AUTHOR	RITY
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NU.	MBER: 010600040		CITY OR TOWN BILLER	AICA
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
DOING BUSI	AME: TURNPIKE MA NESS A 9 MIDDLESEX TURN			
CITY/TOWN:	: BILLERICA	STATE: MA	ZIP CODE: 01821	
MANAGER:	MACLENNAN- BIRD, GAYLE	YPE OF LICENSE:Pac	ckage Store CATEGOR	Y: All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT OU	R WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTIO	N OF LICENSED PREM	MISES:		
ONE FLOOR,	3 ROOMS, CELLAR F	OR STORAGE		
	premises are now open			nd
DATE:	TELEPHO	ONE NUMBER:	EMPLOYER IDENTIFIC (Note: NOT Individual Soci	
Please Check Belo APPROVED: DISAPPROVI (If disapproved	ED:		LOCAL LICENSING AUT By:	THORITY
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUM	MBER: 010600041		CITY OR TOWN	BILLERIC	A
APPLICATION	N FOR RENEWAL:	Annual	LICEN	SED FOR 20)13
		CLASS			YEAR
LICENSEE NA	AME: LSF II INC.				
DOING BUSIN	NESS A KELLYS IR	ON HORSE WINE & SI	PIRITS		
ADDRESS 134	POLLARD & HIGH	IS			
CITY/TOWN:	BILLERICA	STATE: MA	ZIP CODE:	01862	
MANAGER:	RICHARDS, KENNETH A.	TYPE OF LICENSE: Pa	ckage Store CA	ATEGORY:	All Alcohol
EMAIL ADDR	ESS:				
		OUR WEBSITE AND ENTER YOUR I	EMAIL ADDRESS		-
	N OF LICENSED PRI				
	TWO BACK ROOM				
•	and swear under pena		sama promisas nav	ligangadı	
		be of the same type for the with all laws of the Com	_		
	-	n for business (If not exp	_	o taxes, and	
	1	, 1			
SIGNED BY					
	Individual, Pa	rtner or Authorized Corp	orate Officer		
DATE:	TELEPI	HONE NUMBER:			ION NUMBER:
			(Note: NOT Ind	lividual Social S	ecurity Number)
Please Check Belo	ow:		LOCAL LICENS	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVE					
(If disapproved	explain)				
					
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 010600042		CITY OR TOWN BILLER	ICA
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR	2013
	CLASS		YEAR
LICENSEE NAME: 129 LIQUORS DOING BUSINESS A 129 LIQUOR			
ADDRESS 252 SALEM RD			
CITY/TOWN: BILLERICA	STATE: MA	ZIP CODE: 01821	
MANAGER: PATEL, RAMILA M.	TYPE OF LICENSE: Pac	kage Store CATEGORY	Y: All Alcohol
EMAIL ADDRESS:	-		
PLEASE ALSO VISIT O	UR WEBSITE AND ENTER YOUR EN	MAIL ADDRESS	
DESCRIPTION OF LICENSED PRE	EMISES:		
ONE FLOOR, TWO ROOMS REAR	R FOR STORAGE AND V	WALK IN COOLER	
I hereby certify and swear under pena	alties of perjury that:		
1. the renewed license will b	e of the same type for the	same premises now licensed;	
		nonwealth relating to taxes; an	d
3. the premises are now oper		_	
SIGNED BY Individual, Par	rtner or Authorized Corpo	orate Officer	
DATE: TELEPH	HONE NUMBER:	EMPLOYER IDENTIFIC	
		(Note: <u>NOT</u> Individual Socia	d Security Number)
Please Check Below:		LOCAL LICENSING AUT	HORITY
APPROVED:		By:	
DISAPPROVED: (If disapproved explain)			
(If disapproved explain)			
DATE:			



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	010600045		CITY OR TOWN	\ DILLERIC	A
APPLICATION FOR	R RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
	P.S.W. CORPORATA A BEER WINE &MO				
ADDRESS 816 BOS	TON ROAD				
CITY/TOWN: BILL	LERICA	STATE: MA	ZIP CODE:	01821	
MANAGER: WU,	PAUL TYPI	E OF LICENSE: Pac	ekage Store	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WEI	BSITE AND ENTER YOUR EN	MAIL ADDRESS		
	LICENSED PREMIS				
BOSTON RD. ENTE DOOR AND SIDE D	BLDG., CINDER BLO RANCES INCLUDE I DOOR. PREMISES PI L SALE OF SOFT DR	FRONT DOOR, LO RESENTLY USED	ADING DOCK W	/ITH OVERHI	EAD
 the renew the license 	wear under penalties of ed license will be of the ee has complied with a ses are now open for b	he same type for the all laws of the Comr	nonwealth relating		
SIGNED BY	Individual, Partner of	or Authorized Corpo	orate Officer		
DATE:	TELEPHONE	E NUMBER:		ER IDENTIFICAT	
Please Check Below: APPROVED:			LOCAL LICEN By:	ISING AUTHO	ORITY
DISAPPROVED: [(If disapproved explain)	nin)				
DATE:					



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LICENSE NUM	IBER: 010600047		CITY OR TOWN BILLER	IICA
APPLICATION	FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NA	ME: KLIMA ENTERPI	RISES, INC.		
DOING BUSIN	ESS A RIVERVIEW RE	EST.		
ADDRESS 263	NASHUA RD			
CITY/TOWN:	BILLERICA	STATE: MA	ZIP CODE: 01821	
	KONSTANTOPOU TYI LOS, PETER	PE OF LICENSE: Rest	caurant CATEGOR	Y: All Alcohol
EMAIL ADDRI	ESS:			
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR EM	AIL ADDRESS	
	OF LICENSED PREMIS			
SINGLE STOR NASHUA RD	Y WOOD FRAME STR	UCTURE AND CELL	AR. ENTRANCE AND EXI	T ON —
	oremises are now open for			iu
DATE:	TELEPHON	E NUMBER:	EMPLOYER IDENTIFIC	CATION NUMBER:
			(Note: NOT Individual Soci	al Security Number)
Acts of 2004, s	igned by the building in	spector and the head	certificate required by Cha of the fire department for t ance required by Chapter 1	he above
Please Check Below	<u>v:</u>		LOCAL LICENSING AUT	THORITY
APPROVED:			By:	
DISAPPROVEI (If disapproved)				
(11 uisappioved	слріаш)			
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NU	MBEK: 010600049		CITY OR TOWN BILLERI	CA
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
DOING BUSI	AME: JIM'S QUIC NESS A 2 BOSTON RD	K STOP, INC		
CITY/TOWN:	: BILLERICA	STATE: MA	ZIP CODE: 01821	
MANAGER:	ELLIS, JAMES ANDERSON	TYPE OF LICENSE:P	ackage Store CATEGORY	: Wine and Malt Regular
EMAIL ADDI	RESS:			
	PLEASE ALSO VISI	TOUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTIO	N OF LICENSED P	REMISES:		
	premises are now op	ed with all laws of the Consen for business (If not expended)		
DATE:	TELE	PHONE NUMBER:	EMPLOYER IDENTIFICA (Note: <u>NOT</u> Individual Social	
Please Check Beld APPROVED: DISAPPROVI (If disapproved	ED:		LOCAL LICENSING AUTH By:	HORITY
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	:010600051		CITY OR TO	WN DILLERIC	A
APPLICATION FOR	RENEWAL:	Annual	LI	CENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	CHUNG KING	, INC.			
DOING BUSINESS	A CHUNG KIN	G RESTAURANT			
ADDRESS 446 BOS	TON ROAD				
CITY/TOWN: BILI	LERICA	STATE: MA	ZIP COD	E: 01821	
MANAGER: WOO	, RICK	ΓΥΡΕ OF LICENSE: R	estaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
1	PLEASE ALSO VISIT OU	UR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		_
DESCRIPTION OF I					
ONE STORY BRICK	K BUILDING FO	OUR EXITS, SEATING	3 220 PATRONS	S	
I hereby certify and s	wear under penal	ties of perjury that:			
		of the same type for th	-		
	•	with all laws of the Com		ing to taxes; and	
3. the premis	es are now open	for business (If not exp	lain below)		
SIGNED BY	Individual Dar	tner or Authorized Corp	vorata Officar		
	marviduai, r an	mer of Addiorized Corp	orate Officer		
DATE:	TEI EDH	ONE NUMBER:	EMPL	OYER IDENTIFICAT	TON NUMBER:
	TEEETTI	ONE NOMBER.	(Note: NO	<u>T</u> Individual Social S	Security Number)
33 7 (1 1 1 1 1		• (4) (1	1 100	. 11 61 4	204 641
0	*	are in possession (1) the inspector and the heat			
named license and (e of liquor liability ins			
of 2010.					
Please Check Below:				CENSING AUTH	ORITY
APPROVED: DISAPPROVED:			By:		
(If disapproved expla	in)				
· · · · · · · · · · · · · · · · · · ·	,				
DATE:					



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LICENSE NUI	MBER: 010600052		CITY	OR TOWN	BILLERIC	A
APPLICATIO	N FOR RENEWAL:	Annu	al	LICEN	ISED FOR 20	013
		CLAS	SS			YEAR
LICENSEE NA	AME: ASHLEY BRO	OOKE FOODS INC	Z.			
DOING BUSI	NESS A MANGIA MA	ANGIA				
ADDRESS 430	O BOSTON ROAD					
CITY/TOWN:	BILLERICA	STATE:	MA Z	IP CODE:	01821	
MANAGER:	COLLERAN, LAWRENCE	TYPE OF LICEN	SE: Restauran	nt C	ATEGORY:	Wine and Malt Regular
EMAIL ADDR	RESS:					
	PLEASE ALSO VISIT O	UR WEBSITE AND ENTER	YOUR EMAIL ADI	DRESS		_
DESCRIPTION	N OF LICENSED PRE	EMISES:				
	STORAGE AREAS, E ST AND WEST SIDE		ORTH AND	WEST SIDE	ES OF BLDG	AND
I hereby certify	and swear under pena	lties of perjury tha	t:			
1. the	renewed license will be	e of the same type	for the same	premises now	licensed;	
2. the	licensee has complied	with all laws of the	Commonwe	alth relating 1	to taxes; and	
3. the	premises are now open	for business (If no	ot explain bel	ow)		
SIGNED BY						
	Individual, Par	tner or Authorized	Corporate O	Officer		
DATE:	TELEPH	ONE NUMBER:		EMPLOYE	R IDENTIFICAT	TION NUMBER:
				(Note: NOT Inc	dividual Social S	Security Number)
Acts of 2004,	rsigned, attest that we signed by the building e and (2) the certificat	g inspector and th	ne head of th	e fire depart	ment for the	above
Please Check Belo	ow:		LO	CAL LICENS	SING AUTH	ORITY
APPROVED:			By:			
DISAPPROVE						
(If disapproved	l explain)					
DATE:						



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LICENSE NUMBER: 010600054	C	CITY OR TOWN BILLERIC	CA
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2	013
	CLASS		YEAR
LICENSEE NAME: Villagio Rist	torante, Inc		
DOING BUSINESS A Manning M	fanse		
ADDRESS 56 CHELMSFORD RI)		
CITY/TOWN: BILLERICA	STATE: MA	ZIP CODE: 01862	
MANAGER: DEMETROULAKO S, GEORGE	O TYPE OF LICENSE: Resta	urant CATEGORY:	All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT	Γ OUR WEBSITE AND ENTER YOUR EMAI	L ADDRESS	_
DESCRIPTION OF LICENSED P			
2 FLOORS, 2 STORAGE AREAS, EXITS ON EAST AND WEST SII		ND WEST SIDES OF BLDG	AND
I hereby certify and swear under pe	nalties of perjury that:		
1. the renewed license will	be of the same type for the sa	me premises now licensed;	
2. the licensee has complie	ed with all laws of the Commo	nwealth relating to taxes; and	
3. the premises are now op	en for business (If not explain	below)	
SIGNED BY			
Individual, I	Partner or Authorized Corpora	te Officer	
D A TIPE			
DATE: TELE	PHONE NUMBER:	EMPLOYER IDENTIFICATION (Note: NOT Individual Social S	
		(Note: NOT marvidual Social S	security Number)
We the undersigned, attest that vacts of 2004, signed by the build named license and (2) the certific of 2010.	ing inspector and the head o	f the fire department for the	above
Please Check Below:		LOCAL LICENSING AUTH	ORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 010600057		CITY OR TOWN	BILLERICA	A
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 20	13
	CLASS		•	YEAR
LICENSEE NAME: RBV BILLERICA	LLC			
DOING BUSINESS A COURTYARD E	Y MARRIOTT BILI	LERICA		
ADDRESS 270 CONCORD ROAD				
CITY/TOWN: BILLERICA	STATE: MA	ZIP CODE:	01821	
MANAGER: AJANEL, VILMA TYI	PE OF LICENSE: Inn	holder CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR W DESCRIPTION OF LICENSED PREMIS	EBSITE AND ENTER YOUR EN	MAIL ADDRESS		
I hereby certify and swear under penalties 1. the renewed license will be of 2. the licensee has complied with 3. the premises are now open for	the same type for the all laws of the Comm	nonwealth relating to		
SIGNED BY Individual, Partner	or Authorized Corpo	orate Officer		
DATE: TELEPHON	IE NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind	IDENTIFICATI	
We the undersigned, attest that we are Acts of 2004, signed by the building in named license and (2) the certificate of of 2010.	spector and the head	l of the fire departr	nent for the	above
Please Check Below: APPROVED: DISAPPROVED:		LOCAL LICENS By:	ING AUTHO	ORITY
(If disapproved explain) DATE:				



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LICENSE NUMBER: 01	0600059		Cl	TY OR TOW	N BILLERIC	A
APPLICATION FOR RE	NEWAL:	Annu	al	LICE	ENSED FOR 20	013
		CLAS	SS			YEAR
LICENSEE NAME: LE DOING BUSINESS A ADDRESS 15 MIDDLES						
CITY/TOWN: BILLER		STATE:	MA	ZIP CODE:	01821	
MANAGER:	TYPE	E OF LICENS	SE: Restau	ırant	CATEGORY:	All Alcohol
EMAIL ADDRESS:	SE ALSO VISIT OUR WEB	SITE AND ENTER				
2. the licensee ha	r under penalties of cense will be of th as complied with a re now open for b	e same type :	for the sar Common	wealth relating		
SIGNED BY	dividual, Partner o	r Authorized	Corporat	e Officer		
DATE:	TELEPHONE	NUMBER:			ER IDENTIFICAT	
We the undersigned, at Acts of 2004, signed by named license and (2) t of 2010.	the building insp	ector and th	e head of	the fire depa	rtment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)				LOCAL LICE By:	NSING AUTH	ORITY
DATE:						
APPLICATION FOR RENEWAL M	MUST BE FILED BY LIC	ENSEES DURING	G THE MONT	TH OF NOVEMBER	(M.G.L. Ch. 138 \$ 10	6A)



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LICENSE NUMBE	R: 010600060		CITY OR TOWN BILLERIC	CA
APPLICATION FO	R RENEWAL:	Annual	LICENSED FOR 2	013
		CLASS		YEAR
	PROMUS HOTELS L			
		ES BT IIILTON		
	DDLESEX TURNPIKE		GID GODE 04004	
CITY/TOWN: BII	LLERICA	STATE: MA	ZIP CODE: 01821	
MANAGER: DEI	ERY, PAUL G. TYPE (OF LICENSE: Innh	older CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS				
DESCRIPTION OF	PLEASE ALSO VISIT OUR WEBSI LICENSED PREMISES		AIL ADDRESS	
I hereby certify and	swear under penalties of	perjury that:		
•	•		same premises now licensed;	
2. the licens	see has complied with all	laws of the Comm	onwealth relating to taxes; and	
3. the prem	ises are now open for bus	siness (If not explai	in below)	
SIGNED BY	Individual, Partner or	Authorized Corpor	rate Officer	
DATE:	TELEPHONE N	NUMBER:	EMPLOYER IDENTIFICATION (Note: NOT Individual Social S	
Acts of 2004, signe	ed by the building inspec	ctor and the head	certificate required by Chapt of the fire department for the ance required by Chapter 110	above
Please Check Below:			LOCAL LICENSING AUTH	ORITY
APPROVED:			By:	
DISAPPROVED:	• >			
(If disapproved expl	ain)			
DATE:				
APPLICATION FOR RENE	WAL MUST BE FILED BY LICEN	SEES DURING THE MO	ONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 1	6A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	:010600061		CITY OR TOW	N BILLERIC	^L A	
APPLICATION FOR	RENEWAL:	Annual	LICE	ENSED FOR 20	013	
		CLASS			YEAR	
LICENSEE NAME:	SWANSON ME.	ADOWS COURSE,I	NC			
DOING BUSINESS A	A SWANSON MI	EADOW GOLF COU	JRSE			
ADDRESS 216 RAN	GEWAY_ROAD					
CITY/TOWN: BILL	ERICA	STATE: MA	ZIP CODE:	01862		
MANAGER: SCIPE	PA,ZITA T	YPE OF LICENSE:	Restaurant	CATEGORY:	All Alcohol	
EMAIL ADDRESS:						
P DESCRIPTION OF L		WEBSITE AND ENTER YOUR IISES:	EMAIL ADDRESS			
I hereby certify and sy	wear under penalti	es of perjury that:				
•	•	of the same type for the	ne same premises no	ow licensed;		
2. the license	e has complied wi	ith all laws of the Cor	mmonwealth relating	g to taxes; and		
3. the premise	es are now open fo	or business (If not ex	plain below)			
CICNED DV						_
SIGNED BY	Individual, Partn	er or Authorized Cor	porate Officer			
DATE:	TELEPHO	NE NUMBER:		ER IDENTIFICAT		
			(1.6.6. 1.401	marviduai Sociai S	security (variable)	
We the undersigned Acts of 2004, signed named license and (2006) of 2010.	by the building i	inspector and the he	ad of the fire depa	rtment for the	above	
Please Check Below:			LOCAL LICE	NSING AUTH	ORITY	
APPROVED:			By:			
DISAPPROVED: [in)					
(== 315app15 , ea emplai	,					
DATE:						



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LICENSE NUMBER: 010600063	CH	Y OR TOWN BILLERIC	A
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 20	013
	CLASS		YEAR
LICENSEE NAME: STELIOS FAM	ILY RESTAURANT, INC		
DOING BUSINESS A STELIOS FAM	MILY RESTAURANT		
ADDRESS 293 BOSTON RD			
CITY/TOWN: BILLERICA	STATE: MA	ZIP CODE: 01862	
MANAGER: KATSIKIS, THARALAMBOS	YPE OF LICENSE: Restaura	ant CATEGORY:	All Alcohol
EMAIL ADDRESS:			
	R WEBSITE AND ENTER YOUR EMAIL A	DDRESS	
DESCRIPTION OF LICENSED PREM	MISES:		
I hereby certify and swear under penalt			
1. the renewed license will be	• 1		
2. the licensee has complied w		=	
3. the premises are now open to	or business (ii not explain be	elow)	
SIGNED BY Individual, Parti	ner or Authorized Corporate	Officer	
DATE: TELEPHO	ONE NUMBER:	EMPLOYER IDENTIFICAT	TION NUMBER:
		(Note: NOT Individual Social S	Security Number)
We the undersigned, attest that we a Acts of 2004, signed by the building named license and (2) the certificate of 2010.	inspector and the head of t	he fire department for the	above
Please Check Below:	L	OCAL LICENSING AUTH	ORITY
APPROVED:	В	y:	
DISAPPROVED: (If disapproved explain)			
(11 disappioved explain)	_		
	_		
DATE:	_		



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	:010600064		CITY OR TOWN	BILLERICA	A
APPLICATION FOR	RENEWAL:	Annual	LICEN	SED FOR 20	13
		CLASS		,	YEAR
LICENSEE NAME:	NEEL ABHI INC.				
DOING BUSINESS A	A JP BEER & WINE				
ADDRESS 326 SALI	EM ROAD				
CITY/TOWN: BILL	ERICA	STATE: MA	ZIP CODE:	01821	
MANAGER: BHAI KAM	DAT, TYPE LESH	E OF LICENSE: Pac	kage Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
F	LEASE ALSO VISIT OUR WEB	SITE AND ENTER YOUR EM	IAIL ADDRESS		
DESCRIPTION OF I	ICENSED PREMISE	ES:			
600 S/F W ONE ENT ABUTTING CONVE		M WALKWAY ANI	D PARKING LOT.	SEPARATE	FROM
	e has complied with a es are now open for b		•	o taxes; and	
SIGNED B I	Individual, Partner o	or Authorized Corpo	rate Officer		
DATE:	TELEPHONE	NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind	IDENTIFICAT	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	in)		LOCAL LICENS By:	ING AUTHO	DRITY
DATE:					



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LICENSE NUN	MBER: 010600065		CITY OR TOWN	N BILLERIC	^L A
APPLICATION	FOR RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NA	ME: TRIPLE SUSHI,	, INC.			
DOING BUSIN	IESS A				
ADDRESS 199	Boston Rd				
CITY/TOWN:	BILLERICA	STATE:	MA ZIP CODE:	01821	
MANAGER:	TOM, DAVID T	YPE OF LICENSE	E:Restaurant	CATEGORY:	All Alcohol
EMAIL ADDR	ESS:				
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YO	OUR EMAIL ADDRESS		_
	OF LICENSED PREM				
	ise containing approx 76 8 STOOLS TO THE I		entrance and three exi	ts in rear of	
I hereby certify	and swear under penalt	es of perjury that:			
	enewed license will be	• 1	•		
	icensee has complied w		_	to taxes; and	
3. the p	premises are now open f	or business (If not	explain below)		
GIGNED DV					
SIGNED BY	Individual, Partr	ner or Authorized (Corporate Officer		
DATE:	TELEPHO	ONE NUMBER:	EMPLOY	ER IDENTIFICAT	ΓΙΟΝ NUMBER:
			(Note: NOT)	Individual Social S	Security Number)
Acts of 2004, s	signed, attest that we a signed by the building and (2) the certificate	inspector and the	head of the fire depart	rtment for the	above
Please Check Belov	<u>w:</u>		LOCAL LICEN	SING AUTH	ORITY
APPROVED:			By:		
DISAPPROVE (If disapproved					
(11 disapproved	enpium)				
DATE:					
APPLICATION FOR	RENEWAL MUST BE FILED BY	Y LICENSEES DURING	THE MONTH OF NOVEMBER	(M.G.L. Ch. 138 \$ 1	6A)



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LICENSE NUMBER: 0106	00067	CITY OR TOWN BILLERIO	JA.		
APPLICATION FOR REN	EWAL: Annual	LICENSED FOR 2	2013		
	CLASS		YEAR		
LICENSEE NAME: OLD	SICHUAN INC.				
DOING BUSINESS A SIC	HUAN GOURMET				
ADDRESS 502 BOSTON I	ROAD				
CITY/TOWN: BILLERIC	A STATE: M	IA ZIP CODE: 01821			
MANAGER: ZHONG, LI	TYPE OF LICENSE	Restaurant CATEGORY:	Wine and Malt Regular		
EMAIL ADDRESS:					
PLEASE A	ALSO VISIT OUR WEBSITE AND ENTER YO	UR EMAIL ADDRESS			
DESCRIPTION OF LICEN					
	Γ AND REAR DOOR, KITCHI EMPLOYER RESTROOM. ST	EN, DINING ROOM, TWO PUBLI ORAGE ALSO PROVIDED	IC		
I hereby certify and swear u	nder penalties of perjury that:				
1. the renewed lice	nse will be of the same type for	the same premises now licensed;			
2. the licensee has	complied with all laws of the C	ommonwealth relating to taxes; and			
3. the premises are	now open for business (If not e	xplain below)			
SIGNED BY					
Indiv	vidual, Partner or Authorized Co	orporate Officer			
DATE:	TELEPHONE NUMBER:		EMPLOYER IDENTIFICATION NUMBER:		
	(Note: NOT Individual Social	Individual Social Security Number)			
Acts of 2004, signed by th	e building inspector and the l	the certificate required by Chap nead of the fire department for the nsurance required by Chapter 11	e above		
Please Check Below:		LOCAL LICENSING AUTH	IORITY		
APPROVED:		By:			
DISAPPROVED:					
(If disapproved explain)					
			 -		



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 01	0600068		CITY OR TOWN	BILLERICA	A
APPLICATION FOR RI	ENEWAL:	Annual	LICENSED FOR 2013		
		CLASS		,	YEAR
LICENSEE NAME: A DOING BUSINESS A		ICAN			
ADDRESS 99 CHELMS	FORD ROAD UNIT 1				
CITY/TOWN: BILLER	ICA S'	ΓΑΤΕ: MA	ZIP CODE:	01821	
MANAGER: CERVAL GARITO	NTES,MAR TYPE OF	LICENSE: Res	staurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLEA	SE ALSO VISIT OUR WEBSITE	AND ENTER YOUR EN	MAIL ADDRESS		
DESCRIPTION OF LIC	ENSED PREMISES:				
APPROX 4400 SQ. FT. PLAZA. KITCHEN ARI PARCEL 8 ON ASSESS	EA, OFFICE, STORAG				
I hereby certify and swea	r under penalties of pe	rjury that:			
1. the renewed l	icense will be of the sar	me type for the	same premises now	licensed;	
2. the licensee h	as complied with all la	ws of the Comr	nonwealth relating to	taxes; and	
3. the premises	are now open for busine	ess (If not expla	ain below)		
SIGNED BY	dividual, Partner or Au	thorized Corpo	orate Officer		
DATE:			EMPLOYED		TON MILL ADED
DATE.	TELEPHONE NU	MBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: <u>NOT</u> Individual Social Security Number)		
			(11010: <u>1101</u> IIIu	ividuai sociai se	curity Number)
We the undersigned, at Acts of 2004, signed by named license and (2) to of 2010.	the building inspecto	r and the head	l of the fire departr	nent for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)			LOCAL LICENS By:	ING AUTHO	DRITY
DATE:					



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LICENSE NUI	MBER: 010600069		CITY OR TOWN	1 BILLERIC	A
APPLICATIO	N FOR RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NA	AME: LOYAL ORI	DER OF MOOSE			
DOING BUSIN	NESS A BILLERICA	A MOOSE LODGE 2648			
ADDRESS 104	4 BOSTON ROAD				
CITY/TOWN:	BILLERICA	STATE: MA	ZIP CODE:	01821	
MANAGER:	MURPHY, THOMAS B.	TYPE OF LICENSE: Clu	ib (CATEGORY:	All Alcohol
EMAIL ADDR	RESS:				
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS		_
	N OF LICENSED PR				
		174, BAR WILL SEAT 81 RONT AND SIDE DOOR			
I hereby certify	and swear under per	nalties of perjury that:			
1. the	renewed license will	be of the same type for the	same premises no	w licensed;	
2. the	licensee has complied	d with all laws of the Com	nonwealth relating	to taxes; and	
3. the	premises are now ope	en for business (If not expl	ain below)		
SIGNED BY					
	Individual, P	artner or Authorized Corpo	orate Officer		
DATE:	TELEP	HONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)		
			(Note: NOT]	ndividual Social S	security Number)
		ve are in possession (1) th ng inspector and the head			
		ate of liquor liability insu			
Please Check Belo	ow:		LOCAL LICEN	ISING AUTH	ORITY
APPROVED:			By:		
DISAPPROVE					
(If disapproved	explain)				
DATE:					



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LICENSE NUMBI	ER: 010600071		CITY	OR TOWN	BILLERIC	A
APPLICATION FO	OR RENEWAL:	Annua	ıl	LICEN	SED FOR 20	013
		CLAS	S			YEAR
LICENSEE NAME	E: ANODIZED FO	ODS, LLC				
DOING BUSINES	S A PEPPERCORN	IS				
ADDRESS 279 BO	OSTON ROAD					
CITY/TOWN: BI	LLERICA	STATE:	MA ZII	P CODE:	01821	
	IDERSON, T EVE	YPE OF LICENS	E:Restaurant	C	ATEGORY:	All Alcohol
EMAIL ADDRESS	S:					
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER	YOUR EMAIL ADDF	RESS		_
	F LICENSED PREM					
FIRST FLOOR2 KITCHEN	2700 SQ FTTWO	EXITS(HANDIC	CAP) AND ON	NE REAR E	XIT FROM	
I hereby certify and	d swear under penalt	ies of perjury that	:			
1. the rene	ewed license will be	of the same type f	or the same pr	remises now	licensed;	
2. the licer	nsee has complied w	ith all laws of the	Commonweal	lth relating t	o taxes; and	
3. the pren	mises are now open f	or business (If no	t explain belo	w)		
SIGNED BY						
	Individual, Partr	ner or Authorized	Corporate Of	ficer		
			į			
D 4 mg						
DATE:	TELEPHO	TELEPHONE NUMBER:		EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)		
			(1	1010. <u>1101</u> III	iividuai sociai s	security Number)
Acts of 2004, sign	ned, attest that we a ned by the building d (2) the certificate	inspector and the	e head of the	fire depart	ment for the	above
Please Check Below:			LOC	AL LICENS	SING AUTH	ORITY
APPROVED:			By:			
DISAPPROVED:	aloin)					
(If disapproved exp	nam)					
DATE:						



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LICENSE NUMBE	R: 010600072		CITY OR TOWN	BILLERICA	A	
APPLICATION FO	OR RENEWAL:	Annual	LICEN	NSED FOR 20	13	
		CLASS			YEAR	
LICENSEE NAME	: DAFNI LLC					
DOING BUSINESS	S A GEORGOS L	JQUORS				
ADDRESS 446 BO	STON ROAD					
CITY/TOWN: BII	LLERICA	STATE: M	A ZIP CODE:	01821		
	RMOUNAS, NNIS	TYPE OF LICENSE:	Restaurant C	CATEGORY:	All Alcohol	
EMAIL ADDRESS	i:					
	PLEASE ALSO VISIT OF	UR WEBSITE AND ENTER YOU	R EMAIL ADDRESS		•	
DESCRIPTION OF						
4800 SQ FTFRO ACCESSIBLE	NT EBTRANCE	AND A MIDDLE RE	AR DOOR EXITT	WO HANDICA	APPED	
I hereby certify and	swear under pena	lties of perjury that:				
1. the renev	wed license will be	e of the same type for	the same premises nov	v licensed;		
2. the licen	see has complied	with all laws of the Co	mmonwealth relating	to taxes; and		
3. the prem	nises are now open	for business (If not ex	xplain below)			
SIGNED BY						
	Individual, Par	rtner or Authorized Co	rporate Officer			
DATE:	TELEPHONE NUMBER:			EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)		
			(Note: <u>NO1</u> In	dividual Social Se	ecurity Number)	
Acts of 2004, signe	ed by the building	e are in possession (1) g inspector and the h te of liquor liability in	ead of the fire depart	tment for the	above	
Please Check Below:			LOCAL LICEN	SING AUTHO	ORITY	
APPROVED:			By:			
DISAPPROVED: (If disapproved exp	loin)					
(II disapproved exp	iaiii)					
DATE:						